Entered 3-6-00 - sb
CL 99L0144 - ALEXIS HOLMES

CLAIM OF: MARVIN STEVENSON AND

GLORIA STEVENSON 1501 Nash Road, NW Atlanta, Georgia 30331 00- <sub>Z</sub>-1823

For damages alleged to have been sustained as a result of vehicular damage due to a pothole in the road on February 13, 20000, in Englewood Manor, a Atlanta Housing Authority Property.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>00L0144</u>	Date: <u>11/01/00</u>
Claimant /Victim: MARVIN STEVENSON	AND GLORIA STEVENSON
BY: (ATTY:) Address: 1501 Nash Road, NW, Atlant	a. Georgia 30331
Subrogation: Claim for Property	loss \$ 196.00 Bodily Injury \$ thod: Written, proper X Improper X Ante Litem (6 Mo.) X
Date of Notice: 2/23/00 Me	thod: Written, proper X Improper
Conforms to Notice: O.C.G.A. §36-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence 2/13/00 Place:	Englewood Manor Atlanta Housing Authority Development
Department	Division:
Employee involved	Division: Disciplinary Action:
NATURE OF CLAIM: Claimant alleged the	at she sustained damages when she drove over a pothole. However, after
	covered that the alleged incident occurred on the property of the Atlanta
	entity from the City of Atlanta.
Housing Authority which is a separate legar c	nity from the City of Attained.
INVESTIGATION:	
Statements: City employee Claima	ant X Others Written Oral X  rts: Police Dept Report Other X  Claimant Driver
Pictures Diagrams Report	rts: Police Dept Report Other X
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial
Improper Notice More than Six M	Ionths Other Damages reasonable
City not involved X O	Ministerial Other Damages reasonable Offer rejected Compromise settlement
Renair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Neglig	gentJointClaim Abandoned
	50M
	Respectfully submitted,
	Cleitis Holm
	INVESTIGÁTOR - ALEXIS HOLMES
RECOMMENDATION: ,	
RECOMMENDATION.	
Pay \$ Adverse X	Account charged: 1A01 2J01 2H01
Claims Manager: / Municipal And Claims Manager: / Manag	Concur/date //-02
Committee Action:	Council Action
Committee Action.	Council Action

FORM 23-61

03/02/00 DA

MUNICIPAL CLERK City Hall  55 Trinity Avenue, S.W. Atlanta, Georgia 30335  PEF 3  02-23-00P04:>8 RCVD  Dear Municipal Clerk:    INTERED - 3-6-00 - SB	City Hall 55 Trinity Avenue, S.W. Atlanta, Georgia 30335  Dear Municipal Clerk:  Dear Municipal Clerk:  This is to notify the Gity of Atlanta that 1 and/or \$  Doddy  1. Date of incident:  (month/day/)  4. Location of incident (including street)  5. Name of your insurance company:  6. State what and how incident occurred  The registered owner must make the claim for vehicle damages, complete the proof of ownership of your vehicle (copy of the current tag receipt or title).	OPO4:38 RCVD  OO - SB S JORDAN  Of \$
25 Trinty Avenue, S.W. Atlanta, Georgia 30335  Dear Municipal Clerk:    ENTERED - 3-6-00 - SB   OLO144 - DOBBS JORDAN   Dodly	Dear Municipal Clerk:  Dear Municipal Clerk:  This is to notify the City of Atlanta that I and/or \$  Date of incident:  (month/day/)  Location of Ancident (including street)  Name of your insurance company:  State what and how incident occurred  The company:  ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CR.  The registered owner must make the claim for vehicle damages, complete the proof of ownership of your vehicle (copy of the current tag receipt or title).	OPO4:38 RCVD  OO - SB S JORDAN  Of \$
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This is to notify the Sity of Atlanta that I and/or \$ bodily ury for which I contend the City is liable.  1. Date of incidents: 3 Cimonth/day/ (month/day/)  4. Location of Arcident (including street iress): Cimonth/day/ Policy No. City of Atlanta and how incident occurred City is liable.  7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!  8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle: (City of the current tag receipt or utle).  Your vehicle: (Make) (Year) (Tag Number) (Driver's Name)  9. Witness: (Name) (Department/Bureau)  9. Witness: (Name) (Department/Bureau)  10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).  11. This claim should be mailed immediately to the address shown above.  11. Higher SWEAR OR AFFIRM THAT THE ABOVE	This is to notify the City of Atlanta that I and/or \$	property e.  3. Police called:  Yes No  Policy No. Oct 99728  The Making of False Claims will
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INFORMATION IS TRUE AND CORRECT. (Print Claimant's Name)	I MEREBY SWEAR OR AFFIRM THAT THE ABOVE	rn Sterensm
MI - St. 1501 Noch Da No	I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)
Sightly of Claimant (Address)		
NORMALIE DE CARRIERO	INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)
Atl Ga 30331	INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)  Nash Roll  (Address)  Ga 30331
$\frac{\text{A+} G_{C}}{\text{(City, State and Zip Code)}}$	Signature of Claimant	(Print Claimant's Name)  Nash Roll  (Address)  Ga 30331
Atl Ga 30331	Signature of Claimant	(Print Claimant's Name)  (Address)  (Address)  (City, State and Zip Code)